

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21202**
Registrar's No. **3-660**

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 65 years years, months or days)

3. (a) PRINT FULL NAME Eva May Wood

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Isham 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 8 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 68 6 18 hr. min.

9. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name James Gabbert
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Lavina Ellison
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Ray D. Wood
(b) Address Dekalb, Missouri
17. (a) burial (b) Date thereof June 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery
Dekalb, Missouri
18. (a) Signature of funeral director Walter Meischner
(b) Address 1302 Farnon St. St. Joseph, Mo.
19. (a) 6-28-41 (b) W. Meischner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural Washington Township
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #2 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1941 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 5 - 1941
1941, to June 26, 1941;
that I last saw him OR alive on June 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to Chronic Inter. nephritis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature W. D. O'Connell (M. D. or other) O.C.
Address Kirkpatrick Bldg. Date signed 6-27-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Obg Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.